

2021 Plan Comparisons



Large Group

Medical Plans 101+

LARGE GROUP MEDICAL PLANS

	SUMMIT			
Plan Name	ML28 HMO	ML54 HMO	ML26 HMO	ML29 HMO
Part D Creditability	Creditable	Creditable	Creditable	Creditable
HSA Compatible	No	No	No	No
Annual Out-of-Pocket Maximum				
Single/individual family member	\$1,000	\$1,500	\$1,500	\$1,500
Family	\$2,000	\$3,000	\$3,000	\$3,000
Deductible				
Single/individual family member	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Separate Deductible for Prescription Drugs				
Single/individual family member	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Professional Services				
Provider office visit (primary care, specialist or other practitioner visit)	\$10 per visit	\$15 per visit	\$10 per visit	\$20 per visit
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	\$10 per visit	\$15 per visit	\$10 per visit	\$20 per visit
Preventive care	No charge	No charge	No charge	No charge
Outpatient rehabilitation visit	No charge	\$15 per visit	\$10 per visit	\$20 per visit
Outpatient Services				
Outpatient surgery facility fee	No charge	\$15 per visit	\$10 per visit	\$100 per visit
Outpatient surgery physician/surgeon fee	No charge	No charge	No charge	\$20 per visit
Diagnostic lab tests	\$10 per visit	No charge	\$10 per visit	\$20 per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$50 per procedure	\$15 per procedure	\$50 per procedure	No charge
Diagnostic and therapeutic imaging (X-rays) and testing	No charge	No charge	\$10 per procedure	No charge
Hospitalization Services				
Hospitalization facility fee	No charge	No charge	\$250 per admission	\$250 per admission
Hospitalization physician/surgeon fee	No charge	No charge	No charge	No charge
Emergency and Urgent Care Services				
Emergency room services (waived if admitted)	\$50 per visit	\$35 per visit	\$100 per visit	\$100 per visit
Emergency medical transportation (ambulance)	\$50 per trip	No charge	\$100 per trip	\$50 per trip
Urgent care	\$10 per visit	\$15 per visit	\$10 per visit	\$20 per visit
Prescription Drugs				
Tier 1 - retail pharmacy	\$5 per prescription	\$10 per prescription	\$10 per prescription	\$10 per prescription
Tier 2 - retail pharmacy	\$20 per prescription	\$20 per prescription	\$30 per prescription	\$30 per prescription
Tier 3 - retail pharmacy	\$40 per prescription	\$35 per prescription	\$60 per prescription	\$60 per prescription
Tier 4 - specialty pharmacy	10% coinsurance up to \$250 per prescription	20% coinsurance up to \$100 per prescription	20% coinsurance up to \$250 per prescription	20% coinsurance up to \$250 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)				
MH/SUD outpatient individual office visits	\$10 per visit	\$15 per visit	\$10 per visit	\$20 per visit
MH/SUD telehealth visits (including telephone and video visits)	\$10 per visit	\$15 per visit	\$10 per visit	\$20 per visit
MH/SUD inpatient facility fee	No charge	No charge	\$250 per admission	\$250 per admission

LARGE GROUP MEDICAL PLANS

SUMMIT

Plan Name	ML50 HMO	ML27 HMO	ML51 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum			
Single/individual family member	\$2,000	\$2,500	\$3,000
Family	\$4,000	\$5,000	\$6,000
Deductible			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Separate Deductible for Prescription Drugs			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Provider office visit (primary care, specialist or other practitioner visit)	\$30 per visit	\$25 per visit	\$40 per visit
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	\$30 per visit	\$25 per visit	\$40 per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$30 per visit	\$25 per visit	\$40 per visit
Outpatient Services			
Outpatient surgery facility fee	\$100 per visit	\$10 per visit	\$100 per visit
Outpatient surgery physician/surgeon fee	No charge	No charge	No charge
Diagnostic lab tests	\$10 per visit	\$25 per visit	\$10 per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$50 per procedure	\$50 per procedure	\$50 per procedure
Diagnostic and therapeutic imaging (X-rays) and testing	\$10 per procedure	\$15 per procedure	\$10 per procedure
Hospitalization Services			
Hospitalization facility fee	\$500 per admission	\$500 per admission	\$500 per admission
Hospitalization physician/surgeon fee	No charge	No charge	No charge
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$150 per visit	\$150 per visit	\$150 per visit
Emergency medical transportation (ambulance)	\$100 per trip	\$150 per trip	\$150 per trip
Urgent care	\$40 per visit	\$25 per visit	\$40 per visit
Prescription Drugs			
Tier 1 - retail pharmacy	\$10 per prescription	\$10 per prescription	\$10 per prescription
Tier 2 - retail pharmacy	\$30 per prescription	\$30 per prescription	\$30 per prescription
Tier 3 - retail pharmacy	\$60 per prescription	\$60 per prescription	\$60 per prescription
Tier 4 - specialty pharmacy	20% coinsurance up to \$100 per prescription	20% coinsurance up to \$250 per prescription	20% coinsurance up to \$100 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$30 per visit	\$25 per visit	\$40 per visit
MH/SUD telehealth visits (including telephone and video visits)	\$30 per visit	\$25 per visit	\$40 per visit
MH/SUD inpatient facility fee	\$500 per admission	\$500 per admission	\$500 per admission

LARGE GROUP MEDICAL PLANS

	PEAK			
Plan Name	ML20 HMO	ML21 HMO	ML22 HMO	ML24 HMO
Part D Creditability	Creditable	Creditable	Creditable	Creditable
HSA Compatible	No	No	No	No
Annual Out-of-Pocket Maximum				
Single/individual family member	\$3,000	\$3,000	\$4,000	\$5,000
Family	\$6,000	\$6,000	\$8,000	\$10,000
Deductible				
Single/individual family member	\$500	\$1,000	\$1,500	\$2,500
Family	\$1,000	\$2,000	\$3,000	\$5,000
Separate Deductible for Prescription Drugs				
Single/individual family member	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0
Professional Services				
Provider office visit (primary care, specialist or other practitioner visit)	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Preventive care	No charge	No charge	No charge	No charge
Outpatient rehabilitation visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Outpatient Services				
Outpatient surgery facility fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient surgery physician/surgeon fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Diagnostic lab tests	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$50 per procedure	\$50 per procedure	\$50 per procedure	\$50 per procedure
Diagnostic and therapeutic imaging (X-rays) and testing	\$10 per procedure	\$10 per procedure	\$10 per procedure	\$10 per procedure
Hospitalization Services				
Hospitalization facility fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Emergency and Urgent Care Services				
Emergency room services (waived if admitted)	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Emergency medical transportation (ambulance)	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Urgent care	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Prescription Drugs				
Tier 1 - retail pharmacy	\$10 per prescription	\$10 per prescription	\$10 per prescription	\$10 per prescription
Tier 2 - retail pharmacy	\$30 per prescription	\$30 per prescription	\$30 per prescription	\$30 per prescription
Tier 3 - retail pharmacy	\$60 per prescription	\$60 per prescription	\$60 per prescription	\$60 per prescription
Tier 4 - specialty pharmacy	10% coinsurance up to \$100 per prescription	20% coinsurance up to \$100 per prescription	20% coinsurance up to \$100 per prescription	20% coinsurance up to \$100 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)				
MH/SUD outpatient individual office visits	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
MH/SUD telehealth visits (including telephone and video visits)	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
MH/SUD inpatient facility fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible

LARGE GROUP MEDICAL PLANS

	PEAK		
Plan Name	ML25 HMO	ML59 HMO	ML60 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum			
Single/individual family member	\$6,000	\$6,500	\$6,500
Family	\$12,000	\$13,000	\$13,000
Deductible			
Single/individual family member	\$3,000	\$4,000	\$5,500
Family	\$6,000	\$8,000	\$11,000
Separate Deductible for Prescription Drugs			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Provider office visit (primary care, specialist or other practitioner visit)	\$20 per visit	\$45 copay per visit	\$50 copay per visit
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	\$20 per visit	\$20 copay per visit	\$20 copay per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$20 per visit	\$45 copay per visit	\$50 copay per visit
Outpatient Services			
Outpatient surgery facility fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery physician/surgeon fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Diagnostic lab tests	\$20 per visit	\$10 copay per visit	\$10 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$50 per procedure	\$75 copay per procedure after deductible	\$100 copay per procedure after deductible
Diagnostic and therapeutic imaging (X-rays) and testing	\$10 per procedure	\$45 copay per procedure	\$50 copay per procedure
Hospitalization Services			
Hospitalization facility fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Hospitalization physician/surgeon fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	30% coinsurance after deductible	\$100 copay per visit after deductible	\$150 copay per visit after deductible
Emergency medical transportation (ambulance)	No charge after deductible	\$100 copay per trip after deductible	\$150 copay per trip after deductible
Urgent care	\$20 per visit	\$45 copay per visit	\$50 copay per visit
Prescription Drugs			
Tier 1 - retail pharmacy	\$10 per prescription	\$10 copay per prescription	\$10 copay per prescription
Tier 2 - retail pharmacy	\$30 per prescription	\$30 copay per prescription	\$30 copay per prescription
Tier 3 - retail pharmacy	\$60 per prescription	\$60 copay per prescription	\$60 copay per prescription
Tier 4 - specialty pharmacy	30% coinsurance up to \$100 per prescription	30% coinsurance up to \$250 per prescription	30% coinsurance up to \$250 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$20 per visit	\$45 copay per visit	\$50 copay per visit
MH/SUD telehealth visits (including telephone and video visits)	\$20 per visit	\$20 copay per visit	\$20 copay per visit
MH/SUD inpatient facility fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

LARGE GROUP MEDICAL PLANS

	RIDGE		
Plan Name	ML57 HMO	ML58 HMO	ML56 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum			
Single/individual family member	\$4,000	\$5,000	\$5,000
Family	\$8,000	\$10,000	\$10,000
Deductible			
Single/individual family member	\$1,000	\$2,500	\$2,500
Family	\$2,000	\$5,000	\$5,000
Separate Deductible for Prescription Drugs			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Provider office visit (primary care, specialist or other practitioner visit)	\$40 per visit	\$20 per visit	\$40 per visit
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	\$40 per visit	\$20 per visit	\$40 per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$40 per visit	\$20 per visit	\$40 per visit
Outpatient Services			
Outpatient surgery facility fee	\$250 per visit after deductible	\$250 per visit after deductible	\$250 per visit after deductible
Outpatient surgery physician/surgeon fee	\$40 per visit after deductible	\$20 per visit after deductible	\$40 per visit after deductible
Diagnostic lab tests	\$40 per visit	\$20 per visit	\$40 per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	No charge	No charge	No charge
Diagnostic and therapeutic imaging (X-rays) and testing	No charge	No charge	No charge
Hospitalization Services			
Hospitalization facility fee	\$500 per admission after deductible	\$500 per admission after deductible	\$500 per admission after deductible
Hospitalization physician/surgeon fee	No charge after deductible	No charge after deductible	No charge after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$100 per visit after deductible	\$100 per visit after deductible	\$150 per visit after deductible
Emergency medical transportation (ambulance)	No charge	No charge	\$150 per trip after deductible
Urgent care	\$40 per visit	\$20 per visit	\$40 per visit
Prescription Drugs			
Tier 1 - retail pharmacy	\$10 per prescription	\$10 per prescription	\$10 per prescription
Tier 2 - retail pharmacy	\$30 per prescription	\$30 per prescription	\$30 per prescription
Tier 3 - retail pharmacy	\$60 per prescription	\$60 per prescription	\$60 per prescription
Tier 4 - specialty pharmacy	30% coinsurance up to \$250 per prescription	20% coinsurance up to \$250 per prescription	30% coinsurance up to \$250 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$40 per visit	\$20 per visit	\$40 per visit
MH/SUD telehealth visits (including telephone and video visits)	\$40 per visit	\$20 per visit	\$40 per visit
MH/SUD inpatient facility fee	\$500 per admission after deductible	\$500 per admission after deductible	\$500 per admission after deductible

LARGE GROUP MEDICAL PLANS

	VISTA		
Plan Name	HD19 HDHP HMO	HD08 HDHP HMO	HD18 HDHP HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	Yes	Yes	Yes
Annual Out-of-Pocket Maximum			
Single/individual family member	\$3,000	\$3,000	\$4,000
Family	\$6,000	\$6,000	\$8,000
Deductible			
Single/individual family member	\$1,500/\$2,800	\$1,500/\$2,800	\$2,500/\$2,800
Family	\$3,000	\$3,000	\$5,000
Separate Deductible for Prescription Drugs			
Single/individual family member	N/A	N/A	N/A
Family	N/A	N/A	N/A
Professional Services			
Provider office visit (primary care, specialist or other practitioner visit)	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
Outpatient Services			
Outpatient surgery facility fee	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
Outpatient surgery physician/surgeon fee	No charge after deductible	No charge after deductible	20% coinsurance after deductible
Diagnostic lab tests	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
Radiological/nuclear imaging (CT/PET scans, MRIs)	No charge after deductible	\$50 per procedure after deductible	20% coinsurance after deductible
Diagnostic and therapeutic imaging (X-rays) and testing	No charge after deductible	\$10 per procedure after deductible	20% coinsurance after deductible
Hospitalization Services			
Hospitalization facility fee	\$50 per admission after deductible	\$250 per day up to 5 days per admission after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fee	No charge after deductible	No charge after deductible	20% coinsurance after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	No charge after deductible	\$100 per visit after deductible	20% coinsurance after deductible
Emergency medical transportation (ambulance)	No charge after deductible	\$100 per trip after deductible	No charge after deductible
Urgent care	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
Prescription Drugs			
Tier 1 - retail pharmacy	No charge after deductible	\$10 per prescription after deductible	\$10 per prescription after deductible
Tier 2 - retail pharmacy	No charge after deductible	\$30 per prescription after deductible	\$30 per prescription after deductible
Tier 3 - retail pharmacy	No charge after deductible	\$60 per prescription after deductible	\$60 per prescription after deductible
Tier 4 - specialty pharmacy	No charge after deductible	20% coinsurance up to \$100 per prescription after deductible	20% coinsurance up to \$100 per prescription after deductible
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
MH/SUD telehealth visits (including telephone and video visits)	No charge after deductible	\$20 per visit after deductible	20% coinsurance after deductible
MH/SUD inpatient facility fee	\$50 per admission after deductible	\$250 per day up to 5 days per admission after deductible	20% coinsurance after deductible

LARGE GROUP MEDICAL PLANS

	VISTA		
Plan Name	HD09 HDHP HMO	HD15 HDHP HMO	HD17 HDHP HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	Yes	Yes	Yes
Annual Out-of-Pocket Maximum			
Single/individual family member	\$4,000	\$6,500	\$5,000
Family	\$8,000	\$13,000	\$10,000
Deductible			
Single/individual family member	\$2,500/\$2,800	\$4,000/\$4,000	\$2,500/\$2,800 (Integrated)
Family	\$5,000	\$8,000	\$5,000 (Integrated)
Separate Deductible for Prescription Drugs			
Single/individual family member	N/A	N/A	N/A
Family	N/A	N/A	N/A
Professional Services			
Provider office visit (primary care, specialist or other practitioner visit)	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
Telehealth and Sutter Walk-In Care visits (including telephone and video visits)	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
Outpatient Services			
Outpatient surgery facility fee	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
Outpatient surgery physician/surgeon fee	No charge after deductible	No charge after deductible	No charge after deductible
Diagnostic lab tests	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$50 per procedure after deductible	\$50 per procedure after deductible	No charge after deductible
Diagnostic and therapeutic imaging (X-rays) and testing	\$15 per procedure after deductible	\$15 per procedure after deductible	No charge after deductible
Hospitalization Services			
Hospitalization facility fee	\$500 per day up to 5 days per admission after deductible	\$500 per admission after deductible	\$50 per admission after deductible
Hospitalization physician/surgeon fee	No charge after deductible	No charge after deductible	No charge after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$100 per visit after deductible	\$150 per visit after deductible	No charge after deductible
Emergency medical transportation (ambulance)	\$100 per trip after deductible	\$150 per trip after deductible	No charge after deductible
Urgent care	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
Prescription Drugs			
Tier 1 - retail pharmacy	\$10 per prescription after deductible	\$10 per prescription after deductible	No charge after deductible
Tier 2 - retail pharmacy	\$30 per prescription after deductible	\$30 per prescription after deductible	No charge after deductible
Tier 3 - retail pharmacy	\$60 per prescription after deductible	\$60 per prescription after deductible	\$60 per prescription after deductible
Tier 4 - specialty pharmacy	20% coinsurance up to \$100 per prescription after deductible	20% coinsurance up to \$250 per prescription after deductible	No charge after deductible
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
MH/SUD telehealth visits (including telephone and video visits)	\$40 per visit after deductible	\$40 per visit after deductible	No charge after deductible
MH/SUD inpatient facility fee	\$500 per day up to 5 days per admission after deductible	\$500 per admission after deductible	\$50 per admission after deductible

2021 Large Group Endnotes

1. Family deductibles (when applicable) and out-of-pocket maximums (OOPM) are “embedded.” This means that an individual in a family plan is responsible for no more than the “individual family member” deductible and OOPM [please see exceptions below regarding high-deductible health plans (HDHPs)]. Once an individual family member has met their deductible, that family member will only be responsible for the specified copayment or coinsurance until that individual meets the individual family member OOPM or the family as a whole meets the family OOPM, whichever comes first. Deductibles and other cost sharing payments made by each individual in a family accrue to both the “family” deductible and “family” OOPM. Once the family deductible has been met, individual family members who have not yet met the individual family member OOPM amount will continue to be responsible for the specified copayment or coinsurance until they meet the individual family member OOPM or until the family as a whole meets the “family” OOPM, at which point, Sutter Health Plus pays all costs for covered services for all family members.

For HDHPs, in a family plan, an individual family member’s deductible must be the higher of the specified “single” deductible amount or the IRS minimum of \$2,800 for 2021 plans.

2. Cost sharing amounts for all essential health benefits, including those which accumulate toward an applicable deductible, accumulate toward the OOPM.

Cost sharing for optional benefits does not accrue to the deductible or annual OOPM, except for the Special Footwear and Orthotics Rider when sold with an HDHP.

3. Other practitioner office visits include therapy visits, other office visits not provided by either primary care physicians or specialists, or office visits not specified in another benefit category.
4. For prescription drugs, cost sharing applies per prescription for up to a 30-day supply of prescribed and medically necessary generic or brand name drugs in accordance with formulary guidelines. A 100-day supply is available, at twice the 30-day retail copay price, through the mail order pharmacy. Specialty drugs are only available for up to a 30-day supply through the specialty pharmacy. FDA-approved, self-administered hormonal contraceptives that are dispensed at one time for a member by a provider, pharmacist or other location licensed or authorized to dispense drugs or supplies may be covered for up to a 12-month supply. Cost sharing for a 12-month supply of contraceptives will be 12 times the retail cost or four times the mail order cost.

All medically necessary prescription drug cost sharing contributes toward the annual OOPM. Please consult specific plan designs for any applicable maximum amounts for prescription cost sharing (may not apply to all plan designs).

5. MH/SUD inpatient facility fee services include, but are not limited to: inpatient psychiatric hospitalization; inpatient chemical dependency hospitalization, including detoxification; mental health psychiatric observation; mental health residential treatment; substance use disorder transitional residential recovery services in a non-medical residential recovery setting; substance use disorder treatment for withdrawal; and inpatient behavioral health treatment for pervasive developmental disorder and autism. There may be separate cost sharing for inpatient professional fees.